

State of West Virginia  
Purchasing Division

# AGREEMENT

Purchase Order # TDR4722WVFIMS Account # 3067-2014-751-618-576

TEAM Vendor # \_\_\_\_\_

WVFIMS Vendor # 9886558412 166506 basis#

I, Old White Charities, Inc, agree to perform the following services  
for WV Division of Tourism at 80 MacCortle Ave, SW, South Chas  
(Name and address) (Location)

(Detailed description of services to be performed)  
Fulfillment of sponsorship and hospitality services rendered.

Date(s) of Service: from July 1, 2014 6/30/14 LHB to October 31, 2014The rate of pay shall be \$500,000.00 per N/A not to exceed\$ N/A for the entire term of the contract.

**NOTE:** Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:

- ☒ I am not currently a full-time employee of the State of West Virginia;  
☐ I am currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by \_\_\_\_\_ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ \_\_\_\_\_. The vendor serves as \_\_\_\_\_ with the title of \_\_\_\_\_, certified by \_\_\_\_\_  
(Position) (Representative's Signature)

**GENERAL TERMS AND CONDITIONS:** The General Terms and Conditions for Agency Delegated Master Terms and Conditions located on the Purchasing Division's website at <http://www.state.wv.us/admin/purchase/TCA.pdf>, ("Terms and Conditions") are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the Terms and Conditions, fully understands them, and agrees to be bound by their provisions.

## APPROVED BY:

Agency Division of Tourism

[Signature]  
Commissioner  
6/5/14  
(Date)

Vendor

Old White Charities, Inc.  
[Signature]  
27-1569963  
6-5-2014  
(Date)

## Paid Checks

[Menu Back](#)[Browse](#) [Clear](#)

Bank Account : 0001 Document Code :  
Check / EFT Number : Doc Dept : 0304  
Check / EFT Amount : Document ID : AUTO1500079409  
Record Date : Cleared Date :  
Last Action Date : Status :

Bank Account	Check / EFT Number	Check / EFT Amount	Document ID	Status	Cleared Date	Cancellation Reason	Comments	Trace Number
✓ 0001	000001000069971	\$600,000.00	AUTO1500079409	Paid	08/01/2014			29069709

[Copy](#) [First](#) [Prev](#) [Next](#) [Last](#)[Paid Check Restore](#)[Check Writer Payment](#)[Accrual Inquiry](#)[Paid Checks Update](#)

2014